



State of Michigan
Department of Licensing and Regulatory Affairs
UNEMPLOYMENT INSURANCE AGENCY



Authorized by
MCL 421.1, et seq.

PLEASE PRINT CLEARLY OR TYPE – USE BLACK INK
DO NOT WRITE IN SHADED AREAS

APPLICATION FOR UNEMPLOYMENT BENEFITS
(Disaster Unemployment Assistance (DUA))

Mike Zimmer
ACTING DIRECTOR

Rick Snyder
GOVERNOR

Completion of this form is required to qualify for benefits.

1. YOUR SOCIAL SECURITY NUMBER				2. ADD'L. SOCIAL SECURITY NUMBER				3. YOUR LAST NAME				4. YOUR FIRST NAME				5. Initial						
6. YOUR BIRTH DATE				7a. YOUR PHYSICAL ADDRESS				8. YOUR CITY				9. STATE		10. ZIP CODE								
				7b. YOUR MAILING ADDRESS				8. YOUR CITY				9. STATE		10. ZIP CODE								
11. RESIDENCE COUNTY		12. AREA CODE and TELEPHONE NO.		13. YEARS OF SCHOOL YOU COMPLETED		14. YOUR SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		15. ADDITIONAL NAME WORKED UNDER (INCLUDE MAIDEN NAME) IN LAST 18 MONTHS														
16. To claim a person(s) as a dependent you must have provided more than half the cost of his or her support for at least 90 days immediately before the first week of your new claim. If the relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship. A person may be claimed as a dependent by only one unemployed worker at a time. <u>Persons you may claim as dependents considered by age and relationship:</u> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>AGE OF DEPENDENT</th> <th>RELATIONSHIP TO YOU</th> </tr> </thead> <tbody> <tr> <td>Any Age</td> <td>Your spouse</td> </tr> <tr> <td>Under Age 18</td> <td>Your child, grandchild, adopted child, stepchild, orphaned</td> </tr> <tr> <td>Over Age 18, and Under Age 22 If Full-time Student</td> <td>Your child, grandchild, adopted child, stepchild, orphaned brother or sister</td> </tr> </tbody> </table>												AGE OF DEPENDENT	RELATIONSHIP TO YOU	Any Age	Your spouse	Under Age 18	Your child, grandchild, adopted child, stepchild, orphaned	Over Age 18, and Under Age 22 If Full-time Student	Your child, grandchild, adopted child, stepchild, orphaned brother or sister	17. ENTER YOUR DRIVER LICENSE OR STATE ID NUMBER. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> 18. STATE ISSUED BY: <input type="checkbox"/> Michigan <input type="checkbox"/> Other _____ </td> </tr> </table>		18. STATE ISSUED BY: <input type="checkbox"/> Michigan <input type="checkbox"/> Other _____
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18. STATE ISSUED BY: <input type="checkbox"/> Michigan <input type="checkbox"/> Other _____																						
19. DO YOU WANT FEDERAL AND MI STATE TAXES WITHHELD? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," NUMBER OF TAX EMPTIONS _____				21. ARE YOU A CITIZEN OR NATIONAL OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "NO," REFER TO FORM UIA 1509, "NON-CITIZEN CONSENT OF DISCLOSURE".				23. (Optional) ARE YOU HISPANIC OR LATINO? . YES <input type="checkbox"/> NO <input type="checkbox"/>				24. (Optional) IN ADDITION TO ITEM 23, ARE YOU: Please check one: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Native American Indian or Alaskan										
20. ARE YOU WORKING FULL-TIME THIS WEEK? YES <input type="checkbox"/> NO <input type="checkbox"/>				22. ARE YOU SELF-EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," REFER TO #45 OF THIS FORM				25. ARE YOU ATTENDING A SCHOOL OR COLLEGE? ... YES <input type="checkbox"/> NO <input type="checkbox"/> CIRCLE DAYS YOU ATTEND: S M T W T F S TOTAL HOURS AM: _____ TOTAL HOURS PM: _____				26. WERE YOU HOSPITALIZED OR UNABLE TO WORK 14 DAYS OR MORE BECAUSE OF ILLNESS OR INJURY DURING THE PAST THREE YEARS? IF "YES," GIVE DATES. YES <input type="checkbox"/> NO <input type="checkbox"/> FROM _____ THROUGH _____		27. ARE YOU UNABLE TO WORK DUE TO THE DISASTER? YES <input type="checkbox"/> NO <input type="checkbox"/> 27a. ARE YOU THE BREADWINNER OR MAJOR SUPPORT FOR THE HOUSEHOLD? YES <input type="checkbox"/> NO <input type="checkbox"/>								
28. WERE YOU PAID GROSS WAGES OF AT LEAST \$2,871 WITH ALL EMPLOYERS IN THE LAST 18 MONTHS?..... YES <input type="checkbox"/> NO <input type="checkbox"/> IF "NO," ENTER YOUR GROSS EARNINGS WITH ALL EMPLOYERS SINCE FILING YOUR LAST NEW CLAIM. \$ _____ (Approximate)				29. IF YOU RECEIVE, OR APPLIED FOR, RETIREMENT BENEFITS INDICATE: RETIREMENT EFFECTIVE DATE _____ MONTHLY AMOUNT: \$ _____ LUMP SUM AMOUNT \$ _____ RECEIPT DATE OF FIRST RETIREMENT CHECK: _____ BUSINESS NAME: _____ ARE YOU RECEIVING OR WILL YOU RECEIVE RETIREMENT BENEFITS FROM MORE THAN ONE EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," INCLUDE THIS INFORMATION AND YOUR SOCIAL SECURITY NUMBER ON A SEPARATE SHEET.				CHECK BOX: <input type="checkbox"/> DID NOT CONTRIBUTE <input type="checkbox"/> CONTRIBUTED LESS THAN ONE-HALF THE COST <input type="checkbox"/> CONTRIBUTED HALF OR MORE OF THE COST														
30. DURING THE LAST 18 MONTHS: A. WERE YOU EMPLOYED BY THE FEDERAL GOVERNMENT (EITHER CIVILIAN EMPLOYMENT OR MILITARY SERVICE)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," A COPY OF FORM DD 214-MEMBER 4 COPY, OR SF-8 & SF-50 ARE REQUIRED. 1. MILITARY SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE DUTY DATES: FROM _____ TO _____ 2. CIVILIAN EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> EMPLOYMENT DATES: FROM _____ TO _____ B. DID YOU FILE AN UNEMPLOYMENT CLAIM AGAINST, OR RECEIVE BENEFITS FROM, A STATE OTHER THAN MICHIGAN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," WHICH STATE? _____ C. HAVE YOU WORKED IN ANOTHER STATE, GUAM PUERTO RICO, OR THE VIRGIN ISLANDS? YES <input type="checkbox"/> NO <input type="checkbox"/>																						

SOCIAL SECURITY NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		LIST EACH EMPLOYER YOU WORKED FOR DURING THE LAST 18 MONTHS, BEGINNING WITH YOUR LAST EMPLOYER. INCLUDE ANY WORK PERFORMED FOR FEDERAL, STATE, OR LOCAL GOVERNMENT, AND ANY WORK PERFORMED IN OTHER STATES. DO NOT WRITE IN SHADED AREAS. PLEASE PRINT CLEARLY OR TYPE. USE BLACK INK.							
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MOST RECENT	31. BUSINESS NAME	32. FIRST DAY WORKED	33. LAST DAY WORKED	WAS THIS EMPLOYER YOUR SEPARATING EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	34. PAYROLL ADDRESS	35. CITY	36. STATE	37. ZIP CODE	38. COUNTY/STATE WORKED IN	39. AREA CODE and TELEPHONE NO. ()
	40. REASON FOR SEPARATION (Enter the reason number in the box) (1) LAID OFF/LACK OF WORK (8) STILL EMPLOYED FULL-TIME <input type="checkbox"/> (2) FIRED (9) FIRED FOR ANY OF THE FOLLOWING: (3) QUIT (4) RETIRED (Voluntarily) <input type="checkbox"/> WILDCAT STRIKE (5) RETIRED (Involuntarily) <input type="checkbox"/> IMPRISONMENT (6) LABOR DISPUTE <input type="checkbox"/> DRUGS <input type="checkbox"/> THEFT <input type="checkbox"/> Strike <input type="checkbox"/> Lockout <input type="checkbox"/> ASSAULT AND BATTERY (7) OTHER (Explain in Item 41a) <input type="checkbox"/> WILLFUL DESTRUCTION		41a. EXPLAIN THE REASON FOR YOUR SEPARATION. (if additional space is needed, use a separate sheet of paper.) 41b. Was this employer <input type="checkbox"/> Full time or <input type="checkbox"/> Part time? Number of hours I normally worked per week _____ Number of normal full time hours _____ 42. JOB TITLE		43a. DO YOU EXPECT TO RETURN TO WORK FOR THIS EMPLOYER WITHIN 120 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," give date _____. If NO, you <u>must</u> register for work. 43b. ARE YOU REQUIRED TO OBTAIN EMPLOYMENT THROUGH A UNION HIRING HALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NEXT EMPLOYER	31. BUSINESS NAME	32. FIRST DAY WORKED	33. LAST DAY WORKED			
	34. PAYROLL ADDRESS	35. CITY	36. STATE	37. ZIP CODE	38. COUNTY/STATE WORKED IN	39. AREA CODE and TELEPHONE NO. ()
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NOTE: IF YOU HAD MORE THAN 2 EMPLOYERS DURING THE PAST 18 MONTHS, ATTACH A SEPARATE SHEET.

44. CHECK BOX IF YOU HAVE OR WILL RECEIVE ANY OF THE FOLLOWING PAYMENTS FOR ANY PERIOD AFTER YOUR LAST DAY OF WORK:
☐ VACATION ☐ HOLIDAY ☐ BONUS ☐ PAYMENT IN LIEU OF NOTICE ☐ DISABILITY COMPENSATION ☐ SEVERANCE PAY ☐ SALARY CONTINUATION
☐ OTHER _____ GROSS AMOUNT \$ _____ PERIOD COVERED: from _____ to _____

45. IF YOU WERE SELF EMPLOYED, WAS YOUR SELF-EMPLOYMENT (THE LOSS OF WHICH YOU ALLEGE TO BE A RESULT OF THIS DISASTER) THE PRINCIPAL SOURCE OF YOUR INCOME AND MEANS OF LIVELIHOOD? ☐ YES ☐ NO

NOTE: IF YOU WERE SELF-EMPLOYED, YOU MUST COMPLETE THE "DISASTER UNEMPLOYMENT ASSISTANCE SELF-EMPLOYMENT APPLICATION AND WAGE STATEMENT".

46. NEW OR RECALLED EMPLOYMENT
 IF YOU WERE SCHEDULED TO BEGIN WORK BUT COULD NOT DUE TO THE DISASTER, ON WHAT DATE WAS THAT WORK SCHEDULED TO BEGIN? _____

PROVIDE THE NAME AND ADDRESS OF THE EMPLOYER WITH WHOM YOU WERE SCHEDULED TO BEGIN WORK.

EMPLOYER'S NAME: _____

STREET ADDRESS: _____ CITY, STATE, ZIP CODE: _____

PAYROLL ADDRESS: (IF DIFFERENT FROM THE STREET ADDRESS) _____ CITY, STATE, ZIP CODE: _____

SOCIAL SECURITY NUMBER

47. INFORMATION FOR UNEMPLOYED WORKERS (PRIVACY ACT OF 1974)

All information requested on this Disaster Unemployment Assistance (DUA) application and other DUA forms is voluntary but is required in order to promptly process your claim. The request for information is authorized under Section 410 of the Robert T. Stafford Relief and Emergency Assistance Act. All information furnished will be confidential, except to the extent that release is authorized in the processing of your claim. Such information will not be used for any purpose other than establishing your entitlement to DUA, for statistical and research purposes by the Unemployment Insurance Agency (UIA) and the U.S. Department of Labor (USDOL), and to ensure that benefits have been paid thoroughly.

48. UNEMPLOYED WORKER CERTIFICATION

I HEREBY apply for Disaster Unemployment Assistance (DUA) for the period of unemployment resulting from the announced disaster beginning_____.
The disaster caused me to become unemployed for the following reason:

49. I CERTIFY that the information I have given on this form is correct to the best of my knowledge and belief. I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I HAVE READ the statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE program.

YOUR SIGNATURE:_____

DATE: _____

MAIL IMMEDIATELY:

Your form must be completed and mailed to the Unemployment Insurance Agency, P.O. Box 169, Grand Rapids, Michigan 49501-0169. Allow 5 days for mail delivery. You can also fax your form to UIA at 1-517-636-0427. If you have any questions regarding this form, call 1-800-500-0017 (TTY customers use 1-866-366-0004).

UNSIGNED APPLICATIONS CANNOT BE PROCESSED
*INCLUDE REQUIRED DOCUMENTS.



**Disaster Unemployment Assistance Self-Employment
Application and Wage Statement**

Complete pages 4-7 only if you are Self-Employed

Complete the remaining portion of this form only if you were Self-Employed.

Name: _____ Business Name: _____

Business Address: _____ County: _____

City, State, Zip Code: _____

List below all self-employment since the beginning of the last completed tax year

A. TYPE OF SELF-EMPLOYMENT

Check appropriate box: ☐ Farming ☐ Business ☐ Other _____

Ownership: ☐ Sole Owner ☐ Partner

Are other family members also self-employed in this enterprise? ☐ Yes ☐ No

If Yes, provide: Name: _____

S.S. No.: -

Name: _____

S.S. No.: -

If more space is needed, continue on a separate sheet of paper.

B. SELF-EMPLOYMENT INFORMATION (Answer all questions in this part.)

1. Describe the nature of your self-employment; indicate how long you have been self-employed. _____

2. Did this self-employment require any part of your time in the performance of services? ☐ Yes ☐ No

If No, explain. _____

3. Were you performing any services in connection with this self-employment at the time of the disaster? ☐ Yes ☐ No

If No, explain why not. If Yes, identify services being performed. _____

4. Did the disaster prevent you from performing all services in connection with self-employment? ☐ Yes ☐ No

If No, identify services being performed. _____

5. Since becoming unemployed, have you been performing, or are you able to perform, any services in restoring or improving the value or profit-making capability of your self-employment? ☐ Yes ☐ No

If Yes, explain. _____



6. At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood? ☐ Yes ☐ No

If No, explain. _____

7. Do you have any work other than self-employment? ☐ Yes ☐ No

Type of work: _____ Hours per Week: _____ Gross Weekly Wages: _____
Effect of disaster on this work: _____

C. FARMING (If your self-employment is not in farming, go to #15)

8. If your self-employment is in farming, what are your customary crops and/or products (e.g., wheat, corn, soybeans, sugar beets, milk, eggs, pork, beef, etc.)

9. What is the size of the farm that you operate? 1.) _____ Acres located in _____ County
2.) _____ Acres located in _____ County

10. What is the number of acres you have in the crop? _____ Acres located in _____ County

11. Are you the operator of the farm? ☐ Yes ☐ No

If No, name of principle operator _____

12. Other than for reasons that you were unable to start field work or other associated duties with your farming because of the disaster, list the crops and number of acres you were scheduled to plant on the date the disaster occurred.

Crop List	Number of Acres
1.) _____	1.) _____
2.) _____	2.) _____
3.) _____	3.) _____
4.) _____	4.) _____

13. LIST THE KIND LIVESTOCK CARED FOR:

Livestock	Number of Livestock
1.) _____	1.) _____
2.) _____	2.) _____
3.) _____	3.) _____
4.) _____	4.) _____

If cows were currently being cared for, how many are currently being milked? _____

14. Did the disaster cause you to sell any livestock that you otherwise would have kept? ☐ Yes ☐ No
If Yes, give the number sold _____

15. How many hours each week did you work prior to the disaster? _____

16. Has your ability to work the hours that you worked prior to the disaster decreased? ☐ Yes ☐ No

17. How many hours each week did you work during the disaster? _____

Give the date you expect to resume working the same number of hours you worked before the disaster occurred? _____





18. What steps have you taken since the disaster to return your business back to normal working conditions?

19. Fill in your customary weekly full-time hours for each of the periods below:

	Time Period dd/mm/yy through dd/mm/yy	Hours Worked 40		Time Period dd/mm/yy through dd/mm/yy	Hours Worked 40
	03/31/13 through 04/06/13			10/27/13 through 11/02/13	
	04/07/13 through 04/13/13			11/03/13 through 11/09/13	
	04/14/13 through 04/20/13			11/10/13 through 11/16/13	
	04/21/13 through 04/27/13			11/17/13 through 11/23/13	
	04/28/13 through 05/04/13			11/24/13 through 11/30/13	
	05/05/13 through 05/11/13			12/01/13 through 12/07/13	
	05/12/13 through 05/18/13			12/08/13 through 12/14/13	
	05/19/13 through 05/25/13			12/15/13 through 12/21/13	
	05/26/13 through 06/01/13			12/22/13 through 12/28/13	
	06/02/13 through 06/08/13			12/29/13 through 01/04/14	
	06/09/13 through 06/15/13			01/05/14 through 01/11/14	
	06/16/13 through 06/22/13			01/12/14 through 01/18/14	
	06/23/13 through 06/29/13			01/19/14 through 01/25/14	
	06/30/13 through 07/06/13			01/26/14 through 02/01/14	
	07/07/13 through 07/13/13			02/02/14 through 02/08/14	
	07/14/13 through 07/20/13			02/09/14 through 02/15/14	
	07/21/13 through 07/27/13			02/16/14 through 02/22/14	
	07/28/13 through 08/03/13			02/23/14 through 03/01/14	
	08/04/13 through 08/10/13			03/02/14 through 03/08/14	
	08/11/13 through 08/17/13			03/09/14 through 03/15/14	
	08/18/13 through 08/24/13			03/16/14 through 03/22/14	
	08/25/13 through 08/31/13			03/23/14 through 03/29/14	
	09/01/13 through 09/07/13			03/30/14 through 04/05/14	
	09/08/13 through 09/14/13			04/06/14 through 04/12/14	
	09/15/13 through 09/21/13			04/13/14 through 04/19/14	
	09/22/13 through 09/28/13			04/20/14 through 04/26/14	
	09/29/13 through 10/05/13			04/27/14 through 05/03/14	
	10/06/13 through 10/12/13			05/04/14 through 05/10/14	
	10/13/13 through 10/19/13			05/11/14 through 05/17/14	
	10/20/13 through 10/26/13			05/18/14 through 05/24/14	



Social Security Number _____



	Time Period dd/mm/yy through dd/mm/yy	Hours Worked 40		Time Period dd/mm/yy through dd/mm/yy	Hours Worked 40
	05/25/14 through 05/31/14			06/15/14 through 06/21/14	
	06/01/14 through 06/07/14			06/22/14 through 06/28/14	
	06/08/14 through 06/14/14			06/29/14 through 07/05/14	

D. WAGE STATEMENT FOR SELF-EMPLOYED INDIVIDUALS

Please Provide Your Statement of Estimated Net Earnings for the Most Recently Completed Tax Year

Tax Year Beginning _____ Tax Year Ending _____

Enter you NET earnings/losses for the tax year listed above. If you do not provide a copy of your tax return or other proof of these earnings within 21 days of application for DUA, your weekly benefit amount will be redetermined to be the minimum DUA weekly benefit, and you will be required to repay benefits that have been overpaid.

QTR Ending _____	QTR Ending _____	QTR Ending _____	QTR Ending _____	Total

Acceptable proof of earnings include:

- Schedule C or C-EZ for sole owners of business
- Schedule F for farm income
- Schedule E and Form 1065 with Schedule K-1 for partnerships
- Other documents that provide verification of self-employment earnings for the above tax year

I CERTIFY that the information I have given on all pages of this form is correct and complete to the best of my knowledge and belief. I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I HAVE READ the statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE Program.

YOUR SIGNATURE: _____ DATE: _____

Your form must be completed and mailed to the Unemployment Insurance Agency, PO Box 169, Grand Rapids, Michigan, 49501-0169. Include any additional required document. Allow 5 days for mail delivery. You can also fax your form and any additional required documents to UIA at 1-517-636-0427. If you have any additional questions regarding this form, call 1-866-500-0017 (TTY customers use 1-866-366-0004).

LARA is an equal opportunity Employer/Program.

